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ABSTRACT

Changes in the geographic distribution of Hispanics have created a new focus on Hispanic populations removed from the traditional Hispanic population centers. To focus on the needs of rural elderly Hispanics, interviews with 110 rural elderly Hispanic subjects were conducted that emphasized the reliance of the rural elderly on family members. A high level of social contact was found; 80% of the respondents reported being visited by their families at least once a week. Friends in the community were a secondary source of social contact and help. Participants also reported helping their families and friends at least once a week. Specific coping tactics were revealed in three case studies, particularly the use of natural helping networks as alternative models of service delivery. Particular problems noted in the results were identified as a lack of education and language problems. The findings suggest that the Chicano rural elderly are at the periphery of health and social service systems. (JAC)

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THE CHICANO RURAL ELDERLY: A STUDY OF THEIR NATURAL HELPING NETWORKS AND HELP-SEEKING BEHAVIOR

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THE CHICANO RURAL ELDERLY: A STUDY OF THEIR NATURAL HELPING NETWORKS AND HELP-SEEKING BEHAVIOR

by

Juan J. Paz, Jr.

Changes in the geographic distribution of Hispanics have created a new focus on Hispanic populations removed from the traditional Hispanic population centers. Hispanics in the State of Washington are a case in point. According to the 1980 census, there are 119,986 persons of Hispanic background out of a total population of 4,130,163 (U.S. Bureau of the Census, 1980) comprising the largest ethnic group in the state. Most of the Spanish-speaking elderly persons in the state live in Seattle and Central Washington. Hispanic is a term that will be used interchangeably throughout this paper. It refers to persons of Spanish-speaking background. The study entitled "The Chicano Rural Elderly: A Study of Their Natural Helping Networks and Help-Seeking Behavior" was conducted in Central Washington. It focuses on the needs and life-style of persons of Mexican descent. The study was conducted in Yakima, Wapato, Toppenish, Granger, Sunnyside, Grandview, Mabton, Othello and Moses Lake.

One hundred and ten Chicano rural elderly persons were interviewed by four thoroughly bilingual/bicultural persons. All have extensive interviewing skills; one is a baccalaureate social worker, one has a Masters in Social Work, one is an attorney, and the fourth is a high school counselor. The

interviews were conducted in the homes of the persons interviewed. All informants chose to be interviewed in Spanish.

Migration History

According to Washington state historian Erasmo Gamboa, there is evidence that Hispanics arrived in Washington state as early as 1774. Large migration patterns developed during times when Mexican labor was needed, during the boom of 1860 and during World Wars I and II (Gamboa, 1981).

The rural Chicano elderly migrated to Washington from Wyoming, Montana, Colorado and Texas. There is evidence that during the late 1930's, Chicano migrants began to settle in Wapato in Central Washington coming from states such as Montana and Wyoming. During the 1940's, there was another influx to other areas of Washington by migrants from Texas (Gamboa, 1971). They settled in rural areas and formed small Spanish-speaking communities.

Methodology

Previous efforts at data gathering by the Southeastern Washington Area Agency on Aging and the State Office on Aging elicited minimal or no participation by Chicano rural elderly persons. Data regarding this group has up to now been nonexistent. Even the U. S. Bureau of the Census failed to report the number of Chicano elderly in rural communities such as Mabton.

In an effort to encourage elderly Chicanos to participate, the study utilized the leadership identification model. The church and local community leaders were identified and

they in turn helped to identify elderly persons and encouraged them to participate in the study. The response was very favorable and resulted in 110 interviews. According to the U. S. Bureau of the Census, there are only 1,008 persons who could have been interviewed indicating a 10% sample of the total Chicano rural elderly population for the three county area (U.S. Bureau of the Census, 1980).

Socio-Demographic Characteristics

For the purpose of this study, 110 persons 58 years of age and over were interviewed. Of these, 85 persons were born before 1916 and 25 were born between 1917 and 1924. The median education level of the study's participants was 2.8 years of formal education; 25 persons had no formal education. The majority are monolingual Spanish-speaking persons; 40% had had all their education in Mexico. When asked, "How well do you read English?", the participants' response was: (1) 53.2% - not at all good, (2) 33% - somewhat good, and (3) only 13.8% - very good.

An analysis of living arrangements revealed that 17 persons live alone, 78 live with their spouses, 5 live with a spouse and children, 4 live with a son or daughter, 4 live with a relative and 1 lives with a friend. Of the total, 86 persons owned their homes. Ninety percent of the respondents have family members living in the same geographical area or county. The annual income level for 63.8% of the study group was below $5,500. The major forms of income are the Social Security Old Age pension and retirement pensions related to their work.

Several of the respondents supplemented their income by performing agricultural-related jobs. Of the total group, 17% received no pension, 24.5% received a pension of less than $200 a month and 25.5% received a pension of less than $300 a month.

Definition of the Natural Helping System

A natural helping system for the purpose of this research is defined as a helping network of individuals that exists within a Chicano community varying in density from family to community members that can be activated whenever a member of that community demonstrates or expresses need. The activation will have a wide range of individuals, the nuclear and extended families, the compadrazco system and the barrio community. A natural helping system may be formal or informal or an on-going or reactivation basis depending on need. Natural helping systems function on the basis of reciprocity that allows for redistribution of resources.

The natural helping system that the elderly rely on is one that emerges as a human response to social needs not being met by social institutions. Individuals in a natural helping system help each other so that they may receive help when they in turn need it. The following graph will illustrate the structure and use of a natural helping system. Density will refer to the social units that comprise a natural helping system. Range refers to individuals that belong to a natural helping system and path refers to when a link is made to help someone (Paz, 1978).

Graph 1

NATURAL HELPING SYSTEM				
Density -	Family	Extended Family	Compadrazco System	The Barrio
Range -	Husband Wife Children	Husband/Wife Grandparents Children, Aunts Uncles, Cousins	Godparents God Children	Neighbors Friends

By analyzing natural helping networks we can begin to design programs at the level that elderly persons initially seek help. Table 1 reveals that 85.7% of the respondents first talk about their worries with their families.

Table 1

WHO DO YOU TALK TO FIRST CONCERNING YOUR WORRIES?	
no one	1.9%
with family	85.7%
with friends	5.7%
with a priest/minister	4.8%
boss	1.9%

Access to social services is a major problem for the elderly and more so in the case of the rural person. This study found that most respondents would either go to a social services agency for help alone or with a member of their natural helping network. Only 1.8% would go with someone from an agency. Refer to table 2.

Table 2

IF YOU NEEDED TO GO TO A SOCIAL SERVICE AGENCY FOR ASSISTANCE WHO WOULD TAKE YOU?	
no one, myself	44.5%
a family member	46.4%
a relative	2.7%
a friend	4.5%
someone from an agency	1.8%

Discussions regarding social and health services often assume that elderly persons do not feel they are eligible for public assistance. When the participants were asked, "Do you think you have a right to public assistance?", 20.2% responded "no" and 79.8% responded "yes".

Social Disengagement Theory

According to social disengagement theory, older persons lose contact with persons that were at one point an important part of their life. Society's view of the older person is traditionally functional. As persons age, they are less productive, contributing less to society and often losing the high status which they maintained within their families and communities (D. Spence, 1975).

This study found that there is a high level of social contact with the elderly persons' family and friends. Table 3 indicates that 80.7% of the participants were visited by their families at least once a week.

Table 3

HOW OFTEN DOES YOUR FAMILY VISIT YOU?	
never	3.7%
at least once a week	80.7%
about once a month	11.0%
about every six months	4.6%

Table 4 indicates that 74.5% of the participants visit their family members at least once a week.

Table 4

HOW OFTEN DO YOU VISIT WITH MEMBERS OF YOUR FAMILY?	
never	7.3%
at least once a week	74.5%
about once a month	13.6%
about every six months	4.5%

Clearly the family is seen as a primary source of social contact. This was previously demonstrated when the elderly indicated that they would primarily seek help from their family members.

Friends in the community are a secondary source of social contact and play a secondary role in helping older persons. Table 5 indicates that 58.2% of the participants are visited by their friends at least once a week.

Table 5

HOW OFTEN DO YOUR FRIENDS VISIT YOU?	
never	6.4%
at least once a week	58.2%
about once a month	30.0%
about every six months	4.5.%

Table 6 illustrates that 44.5% of the elderly persons visit their friends at least once a week.

Table 6

HOW OFTEN DO YOU VISIT YOUR FRIENDS?	
never	17.3%
at least once a week	44.5%
about once a month	36.4%
about every six months	0.9%

These findings regarding social visits with their family and friends points to the importance of social relationships. In these visits the elderly are recipients as well as initiators.

Social Reciprocity

Natural helping systems function on a basis of social reciprocity where there is a mutual understanding and exchange of goods and/or services. All too often the elderly are seen only as recepients. The interviews in this study revealed the

participants to be active persons with a distinct identity and keen sense of group survival. Table 7 indicates the frequency at which elderly persons help members of their family.

Table 7

HOW OFTEN DO YOU HELP MEMBERS OF YOUR FAMILY?	
never	10.0%
once a week	42.7%
several times a week	29.1%
daily	15.5%

Table 8 illustrates the frequency at which elderly persons help their friends.

Table 8

HOW OFTEN DO YOU HELP YOUR FRIENDS?	
never	28.2%
once a week	61.8%
several times a week	4.5%
daily	2.7%

Social networks function on the basis of social contacts and exchange . This study provides evidence of the high frequency of both social contacts and social exchange. The Chicano rural elderly are an important and active part of their families and social networks.

Nursing Homes

In the rural communities of Grandview and Sunnyside, there are several elderly Mexican-Americans that are residents in a nursing home. One nursing home in Grandview has six Hispanic residents. Unfortunately, such nursing homes have a minimal number of Spanish-speaking staff that often work at non-professional jobs. Among the persons who are residents at the nursing homes are those who have decided to enter one in order not to burden their families. Others are placed in nursing homes by their families because their medical condition requires nursing care which their family is unable to provide. One interesting phenomena is that when a person in a small rural community (such as Mabton) is placed in a nursing home most other elderly persons in that community will know of the case. It is necessary to note that the communication system in the nursing homes is English. Many times when a translator is unavailable, residents of a nursing home are uninformed about the nature of the care they are receiving or the nature of their illness.

There is a stereotype that exists that all Hispanic families take care of their elderly. This stereotype is often used by service providers to exclude Hispanic elderly from nursing homes. The evidence demonstrates that when Hispanic elderly persons are aware of their own limitations as well as their families', it is possible that a decision to place them in a nursing home may be arrived at.

Senior Citizens Centers

There is evidence that suggests that some elderly Spanish-

speaking persons will participate in the activities of senior citizens centers. In the rural community of Mabton, approximately 10 persons go daily to the local senior center to eat lunch. In this study, a total of 24 persons reported eating lunch at a senior center some time during the week. Among those that go regularly to the center are those elderly persons who live below the poverty level and have insufficient funds to purchase groceries. Other persons that participate at lunch time do so because they like to meet their friends. Among those persons who do not participate at the center were elderly persons who felt competent enough to eat at home and have their wives or family members cook for them. A few persons who made an effort to participate at lunch stopped doing so because they felt that the meals did not represent their preference for Mexican foods. It is important to note that at the Mabton Senior Citizens Center, a great deal of local efforts to open such a center were led by a local parish priest. When the center opened, the local church encouraged the elderly Mexican-American persons to participate in the activities of the center.

Coping Mechanisms

Coping mechanisms are for the most part skills which are necessary for survival. According to Andres Tijerina, "Coping mechanisms are those skills and facilities which enable a person to function within society." A question that arises when studying the Chicano rural elderly is "How have they managed to survive?" For the most part, this population has developed a strong, dynamic natural helping network. Whenever it became

necessary and accessible they sought interaction with health systems. The following case studies of three of the informants of this study have been written in order to provide insight about their coping mechanisms. Case Study A is very noteworthy. It demonstrates how this population group has developed beyond survival and serves as a strong and positive role model.

Case Study A

Mr. F is a 74-year old Spanish-speaking male with limited ability to speak English. He lives in the rural community of Mabton with a population of less than one thousand persons. Thirty years ago he was left blind in an industrial accident. At first, his wife and daughters, all of school age, cared for his needs. A few years after the accident, his wife left him and the six daughters. At that point, his daughters cared for him, but since they were of school age, Mr. F began to teach himself living skills. All of his daughters have provided most of his care since then. Three of them live in the area and they take care of his daily needs. Mr. F is unwilling to move in with his daughters because he knows every part of his house very well and states that he would be disoriented in any other home. Mr. F has been receiving industrial accident insurance since his accident. That was his only source of income because he was unaware of the availability of Social Security Old Age benefits. He did not apply for his benefits until age 73. The senior citizens center van picks him up from Monday through Friday for lunch. All other meals he eats with his family.

Whenever Mr. F needs medical help, his family must transport him 50 miles to see his doctor.

Mr. F demonstrates some very strong survival skills. After losing his vision, he began to teach himself how to play the guitar. Now he plays music for recreation and he admits that it has a very therapeutic effect on him. Mr. F is very selfless. As a member of a musical trio, he travels throughout Central Washington entertaining persons in nursing homes.

Case Study B

Mr. J is a 72-year old monolingual Spanish-speaking male who lives with his elderly wife 2 miles outside of Prosser in a rural community. Mr. and Mrs. J rely on their two adult children for things such as transportation and business transactions. Mr. J is a veteran and receives medical care for Parkinson's disease from a VA hospital. However, his son must transport him 175 miles to Seattle in order for him to receive inexpensive health care. At the VA Hospital, he is being treated for his Parkinson's disease and depression. Mr. J is experiencing depression due to his old age and social isolation. He is also deaf. Mr. J used to be a professional card player who was constantly dealing with many persons. Because of his illness, he cannot go outside of his home to meet other persons for card playing or social reasons. Mr. J is not receiving treatment for his depression from a mental health center. Treatment for his depression is limited to his regular visits to the VA Hospital.

Case Study C

Mr. K is a 72-year old male who lives in a nursing home in rural Central Washington. The decision to enter the nursing home was made by himself. His elderly wife lives 10 miles away from the nursing home in another community. She often finds it difficult to travel and visit her husband because she has glaucoma and depends on family members for transportation. Mr. K often feels very helpless in the nursing home because there is only one Spanish-speaking aide and Mr. K does not understand English. He states: "The doctor comes to see me often but who knows what he tells me because I don't understand him." Mr. K suffers from diabetes, has had both of his legs amputated and has completely lost his eyesight. The staff at the nursing home is small and often leaves Mr. K's food in a tray near him so that he may feed himself. However, he feels unable to feed himself. Mr. K has received no occupational or physical therapy and has evidenced a loss of 50 pounds of weight. His only recreation is listening to Mexican music on the radio and visits from his family and friends.

Conclusions

The quality of life of elderly persons can be enhanced by using natural helping networks as alternative models of service delivery. This is not to suggest natural helping networks in lieu of current existing structural models. They are meant to be used in conjunction with existing models and in developing new approaches to service delivery (Sotomayor, 1980). This study has demonstrated the integral active role that the Chicano

elderly play in the lives of their families and rural communities. This only highlights the need to involve the families of older Chicanos in the service delivery process. Programs that provide services to elderly persons should provide them within the context of the older persons' family and community. Social policies that separate the older persons from their social milieu are detrimental to the social well-being of the elderly.

The Older Americans Act was intended to provide coordinated services for the well-being of all older Americans. It has been demonstrated in this study that rural Chicano elderly are at the periphery of health and social service systems. In order to provide better than mediocre services to this client group, planners and administrators need to develop culturally syntonic methods of service delivery. To do otherwise would be to leave the Chicano rural elderly at the periphery of social and health services.

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